

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087258

FILED
Sep 02, 2007
Secretary of State

Entity Name: VASSELS EVENTS AND MARKETING LLC

Current Principal Place of Business:

1502 MEADOWS CIRCLE W.
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

15035 MICHELANGELO BLVD.
303
DELRAY BEACH, FL 33446 US

Current Mailing Address:

1502 MEADOWS CIRCLE W.
BOYNTON BEACH, FL 33436 US

New Mailing Address:

15035 MICHELANGELO BLVD
303
DELRAY BEACH, FL 33446 US

FEI Number: 54-2181811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALDRON, TRICIA N
1502 MEADOWS CIRCLE W.
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

WALDRON, TRICIA N
15035 MICHELANGELO BLVD
303
DELRAY BEACH, FL 33446 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

09/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALDRON, TRICIA N
Address: 1502 MEADOWS CIRCLE W.
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALDRON, TRICIA N
Address: 15035 MICHELANGELO BLVD #303
City-St-Zip: DELRAY BEACH, FL 33446 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TRICIA N. WALDRON

MGR.

09/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date